



Office of the City Sheriff

5 North Kent Street • Winchester, Virginia 22601

Phone 540-667-5770 • Fax 540-667-6438

Les R. Taylor, Sheriff



CITY OF WINCHESTER SHERIFF'S OFFICE

REPORT OF COMPLAINT AGAINST SHERIFF'S OFFICE PERSONNEL

CONFIDENTIAL

Name of Complainant: _____

Address: _____

Phone #: Home: _____ Cell: _____

Date and time of incident: _____

Location of incident: _____

Deputy(s) against who is the complaint is being filed, or other identifying marks (license plate number, etc.)

Name: _____ Name: _____

Vehicle registration: _____ Vehicle registration: _____

Name(s)/address/phone number or other identifying information concerning witnesses:

Statement of allegation: (For additional space - use back of this sheet)

(If additional space is needed, please attach additional pages)



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I understand that this statement of complaint will be submitted to the Winchester City Sheriff's Office and may be the basis for an investigation. I declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Furthermore, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the Sheriff's Office policy, the employee against whom this complaint is being filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if the employee requests one, and to testify under oath concerning all matters relevant to this complaint.

By signing this form, I affirm that all information contained herein is a true and accurate record of events.

Signature of Complainant _____ Date _____

Signature of Reporting Supervisor _____ Date _____

Supervisor's Notes: _____

FORWARD TO CHIEF DEPUTY IN A SEALED ENVELOPE MARKED "CONFIDENTIAL"

INVESTIGATION RESULTS

Unfounded [] Exonerated [] Not Sustained [] Sustained []

Notes: _____

